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Senate Advances Bills to Tackle Medical Waste and Improve Access to Specialized Healthcare

Lawmakers approve measures to develop medical waste regulations and expand audiology and speech-language pathology services across state lines

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Yellow clinical waste bag in a hospital By. GETTY IMAGES

On Friday, the Senate Committee on Health, Hospitals, and Human Services advanced two bills that are expected to make small but meaningful changes to the territory's health sector.

The first, Bill 35-0408, was sponsored by Senator Donna FFrett-Gregory and would require the Department of Health and the Department of Planning and Natural Resources to develop and administer a regulated medical waste management plan for the territory.

The U.S. Centers for Disease Control & Prevention maintains that any facility that generates “regulated medical waste” should have a regulated medical waste management plan. The territory does not, despite its two major hospitals and several smaller medical clinics and facilities. “Our territory currently does not have a clear policy other than ‘ship the waste off-island’,” Senator Frett-Gregory noted. She considered the legislation “timely” as “we are moving to rebuild hospitals and medical facilities in the territory.” According to the lawmaker, “we must ensure that facilities are built with medical waste disposal concerns on the table.”

DPNR, though invited to testify on Bill 35-0408, did not attend Friday’s meeting, instead submitting a letter that was read into the record. In it, DPNR Commissioner Jean-Pierre Oriole said the agency has “no objection to this” and concurs that waste regulations should be updated to include medical waste. However, DPNR disagrees with the bill’s instruction to develop a management plan. “DPNR does not handle medical waste, and therefore a management plan is unnecessary,” Mr. Oriole wrote.

Frett-Gregory stated later in Friday's session that she was “prepared to make the adjustments to the legislation that speaks specifically to the regulations and not necessarily to a plan.” However, she insisted that the regulations come before the Legislature within a certain timeframe, “because this is very important to the health and safety of the people of the Virgin Islands.”

With little other discussion, the bill proceeded to the Committee on Rules and Judiciary, as did Bill 35-0254, which would establish the Audiology and Speech-Language Pathology Interstate Compact. The USVI will join 34 other states that have implemented similar legislation.

If enacted into law, the Compact will facilitate the interstate practice of audiology and speech-language pathology to improve public access to these services, said Reuben Molloy, assistant commissioner in the Department of Health. He testified on the importance of such an arrangement for children, stroke survivors, and other populations within the community. Under the Compact arrangement, audiologists and speech-language pathologists who are licensed and in good standing in a Compact member state or territory, will be eligible to practice in other Compact locations, Mr. Molloy explained.

Compact members will receive Compact privilege, considered equivalent to a license to practice. It is anticipated that the Audiology and Speech-Language Pathology Interstate Compact will begin issuing compact privileges to practice in the summer of 2025. Until such time, DOH is “working with developers to create the necessary data system to receive applications, provide interstate data communications and issue privileges to practice.”

As Mr. Molloy explained, Compact licensure is “predicated on having an established regulatory body responsible for managing the specific profession.” Currently, the Virgin Islands does not have a board dedicated to audiologists and speech pathologists. There are two audiologists in the St. Thomas/St. John district, and one in the St. Croix district. Per Mr. Molloy, “in the absence of a dedicated board, allied health practitioners in the territory are evaluated through the Office of Professional Licensure and Health Planning.”

Horace Graham, assistant commissioner in the Department of Licensing and Consumer Affairs, wondered “how will the U.S. Virgin Islands comply with this provision without an existing audiology or speech-language pathology board.” Quelling his, and the concerns of several legislators about the absence of a board, the bill’s sponsor, Senator Diane Capehart, announced that companion legislation would soon be introduced to create that very board.

Initially, she declared that the board would comprise five members, including four occupational therapists and an assistant who would all be nominated by the Governor and approved by the Senate. However, Capehart would later accept DOH's suggestion that the board should be representative of all allied professionals who do not currently have a dedicated board. "I think that's a great idea to make sure that all is addressed," she said.

With gray areas over the board temporarily settled, lawmakers like Senator Marise James agreed that the Compact would "increase our access to this type of health care." She concurred with DOH's proposal, noting that "it would be more effective and efficient than having a board for each health profession."

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